

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
79603(2) Full Name of Child Eva Johnson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 16, 1916
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Thom J. Johnson(9) PRESENT POSTOFFICE OF FATHER RT 4 Box 101 Union SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Union SC(13) OCCUPATION Colton Mill Work(20) Number of children born to mother, including present birth { 2 }MOTHER
(14) NAME BEFORE MARRIAGE Ella Robinson(15) PRESENT POSTOFFICE OF MOTHER RT 4 Box 101 Union SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Union SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. R. Jackson, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 20, 1916

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.